

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18131**

FILED JUN 12 1957

BIRTH NO. _____		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo</u>				c. CITY OR TOWN _____		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Perry County Mem. Hospt</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Salem Township</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) _____		c. (Last) <u>Kirmse</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 18 1873</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Julius Kirmse</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Kassel</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Kassel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Karl Kirmse</u> ADDRESS <u>Crosstown Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3d.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis 2yr.</u>					
		DUE TO (c) _____					
		11. OTHER SIGNIFICANT CONDITIONS <u>Diverticulitis</u> <u>Bronchopneumonia</u> <u>Arteriosclerotic heart disease</u>				2mo. 2d	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5-15-57</u> , to <u>5-21-57</u> , that I last saw the deceased alive on <u>5-20-57</u> and that death occurred at <u>3:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. F. Fairclough, M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>5-22-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Farrar Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-24-57</u>		REGISTRAR'S SIGNATURE <u>J. J. Zeller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons Perryville Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed... *Walter J. Young* .....

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.